

Marine FCU Visa[®] Chek Card Dispute

This form is for Chek Card purchases only; NOT ATM or POS

Member Name: _____ Card Number: _____
(please print)

Please list all unauthorized transactions, please use a separate sheet for additional items

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

AMOUNT

DATE

MERCHANT

In order for VISA[®] to process this dispute, all questions must be answered. This written explanation must be received by Marine Federal Credit Union within 60 days of the date of the disputed charge.

Please answer each of the following questions in detail:

1. Please explain in detail why you are disputing the charge(s):

2. What steps (if any) have you taken to try and resolve this problem with the merchant?

3. Is the card currently in your possession? _____ If no, please provide a detailed explanation:

4. Do you know who may have had the card in his/her possession when the transaction(s) occurred?

5. How many cards were issued? _____

6. How many cards were in your possession? _____

7. What date did you first notice the card missing? _____

8. What date did you report the card missing? _____

9. If this was previously reported, to whom did you speak to? _____
Branch? _____

10. Who had access to the card other than you? (Please list all persons who ever had access to the card at any time)

11. How did you discover the unauthorized transaction(s)? _____

12. What date did you discover the unauthorized transaction(s)? _____

13. When and where was the card last used by you? _____

14. Was there anyone else with you the last time the card was used?

15. Do you ordinarily keep transaction receipts? _____

16. Were the transactions authorized by you or any other person with actual, implied or apparent authority to use the card? _____

17. Did you receive any benefit or value from the transactions? _____

18. Do you have any information regarding the identity of the person(s) who may have performed the transactions?

19. Have there been previous claims by you on any of your accounts with respect to the unauthorized transaction(s) listed in this claim? _____

20. Have you filed a police report? _____

21. Have you filed charges? _____

22. Please provide any additional information necessary to process your dispute: _____

I hereby certify under penalties of perjury that the above information is true and that the listed transactions were not authorized. I understand that even if I do not initiate a police investigation that Marine FCU will press charges against the person(s) involved in the fraud.

(member signature)

(date)

This written notification must be received with in ten (10) days for the account to be eligible for **provisional credit***. Please attach copies of any receipts, brochures or proof of return to this sheet if they would help prove your case.

*You are eligible for **provisional credit** under Regulation E IF:

1. You provide written notice of your claim to MFCU within ten (10) business days; **AND**
2. The investigation is not completed within established time limits under Regulation E

Important note: There is no VISA® Debit liability for unauthorized use unless you have been grossly negligent. Normally, provisional credit will be provided immediately for Unauthorized VISA® Debit use, however we must receive written documentation (Marine FCU dispute packet) of the dispute from the cardholder within 10 business days. If your card has been compromised it will be closed. No future use of a compromised card will be permitted.

AFFIDAVIT OF FRAUD

State of _____ County of _____

I, _____, being duly sworn, deposes and says:

1. My mailing address is _____.
My telephone number is (_____) _____ and at work is (_____) _____.
2. My Visa/MasterCard credit/debit card ("Card") was issued by _____ and the account number is _____.
3. The above card was requested by me. YES NO
4. The following other persons were issued cards in their names with the same account number as my Card:

5. To the best of my knowledge, my Card was: **(check one of the following)**
 Lost approximately _____
Month/Day/Year
 Stolen approximately _____
Month/Day/Year
 Never Received
 In my possession at all times when the fraudulent transaction occurred.
6. I learned of the fraud on approximately _____. I reported my Card lost/stolen on _____.
Month/Day/Year Month/Day/Year
7. The Transactions listed on the following page(s) of this form were: **(check the box next to each true statement)**
 not made, nor authorized, by me.
 to the best of my knowledge, not made by any person who was authorized to use my Card.
 to the best of my knowledge, nor made by any person listed in Section 4 above.
8. I did not receive any benefit from the Transactions listed on the following page(s).
9. I do don't have knowledge of the identity of the person(s) illegally using my name, account number, or Card.
(If you have such knowledge, please provide this information in the section provided on the bottom of page two.)
10. I give consent to my financial institution to release any information regarding my Card and/or Card Account to any federal, state, or local law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my Card and/or Card Account.

**PLEASE SIGN BELOW IN FRONT OF A NOTARY PUBLIC AND PROVIDE ADDITIONAL SIGNATURE
SAMPLES ON THE NEXT PAGE**

For your protection, California law requires the following to appear on form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Primary Cardholder Signature: _____ Secondary Cardholder Signature: _____

Subscribed and sworn to before me on this _____ day of _____, 20 _____

_____(seal) **Notary Public**
My Commission Expires _____

List of unauthorized Transactions

(If you are aware of additional fraud charges that are not listed, please add them below or to the backside of this page)

Please provide five (5) examples of your signature below

Primary Cardholder Signature

Secondary Cardholder Signature

If you have done business with the merchant(s) listed above, in the past, and think that this may be a billing error, please provide any information you have in the space below. This information will allow us to properly dispute the transaction(s) with the merchant.

If you have any knowledge of the identity of the person who used your account number or Card, please provide any information you have in the space below. If you have filed a police report, please attach a copy of the report, or provide the name of the police station, the phone number and the case number (if you were given one).
